

SERIAL NUMBER 09/298,121	FILING DATE 04/23/99	CLASS 435	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. 04585/044001
-----------------------------	-------------------------	--------------	------------------------	-------------------------------------

  

APPLICANT	MARK MARCHIONNI, ARLINGTON, MA; RALPH KELLY, CHESTNUT HILL, MA; BEVERLY LORELL, NEEDHAM, MA; DOUGLAS B. SAWYER, BROOKLINE, MA.			
	<b>**CONTINUING DOMESTIC DATA*****</b> VERIFIED <u>N/A PN</u>			
	<b>**371 (NAT'L STAGE) DATA*****</b> VERIFIED <u>N/A PN</u>			
	<b>**FOREIGN APPLICATIONS*****</b> VERIFIED <u>N/A PN</u>			

  

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/04/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 19	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 1
Verified and Acknowledged <u>PN</u> Examiner's Initials _____ Initials _____						

  

ADDRESS	KRISTINA BIEKER BRADY PHD CLARK & ELBING LLP 176 FEDERAL STREET BOSTON MA 02110	
	TITLE METHOD FOR TREATING CONGESTIVE HEART FAILURE	

  

FILING FEE RECEIVED  \$1,276	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
 P.O. Box 1456  
 Alexandria, Virginia 22313-1456  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1711

<b>SERIAL NUMBER</b> 09/298,121	<b>FILING OR 371(c) DATE</b> 04/23/1999 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 04585/044001
<b>APPLICANTS</b> MARK MARCHIONNI, ARLINGTON, MA; RALPH KELLY, CHESTNUT HILL, MA; BEVERLY LORELL, NEEDHAM, MA; DOUGLAS B. SAWYER, BROOKLINE, MA;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/04/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 27
				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> MARK FARBER ACORDA THERAPEUTICS, INC 15 SKYLINE DRIVE HAWTHORNE, NY 10532				
<b>TITLE</b> METHOD FOR TREATING CONGESTIVE HEART FAILURE				
<b>FILING FEE RECEIVED</b> 1276	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	